



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

BCS/167166

PRELIMINARY RECITALS

Pursuant to a petition filed July 10, 2015, under Wis. Stat. § 49.45(5)(a), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on September 15, 2015, at Milwaukee, Wisconsin.

The issue for determination is whether the respondent correctly terminated Petitioner's BadgerCare Plus (BCP) enrollment effective July 1, 2015, due to income exceeding program limits.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

I

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: [REDACTED]
Milwaukee Enrollment Services
1220 W Vliet St, Room 106
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Peter McCombs (telephonically)
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County. He is a BCP household of one.

2. On June 24, 2015, petitioner completed a renewal for FS and Medical Assistance. He reported employment, and on June 25, 2015, the respondent mailed petitioner a request for employment verification.
3. On June 25, 2015, petitioner provided paystubs dated May 29, 2015 and June 16, 2015. Each paystub indicated gross income of \$750.00.
4. The federal poverty level for a one-person household is \$980.83. *BadgerCare Plus Handbook*, § 50.1.
5. On June 26, 2015, the agency sent the petitioner notice that his BCP enrollment would terminate effective July 1, 2015.
6. On July 10, 2015, the Division of Hearings and Appeals received the petitioner's request for fair hearing.

DISCUSSION

BadgerCare Plus is Wisconsin's medical assistance program for those who are not elderly or disabled. Adults are ineligible if their household income exceeds the federal poverty level, which for a family of one—the size of the petitioner's—is \$980.83. Wis. Stat. § 49.471(4)(a); *BadgerCare Plus Handbook*, § 50.1. The county agency terminated petitioner's BadgerCare Plus enrollment following verification of petitioner's monthly income of \$1,500.00.

The petitioner argued that he pays \$1,414 for bundled insurance, and recently changed jobs. Neither of these contentions affects the June BCP eligibility determination made by the respondent. The job change may result in prospective budgeting and BCP eligibility determinations, but that does not affect his BCP eligibility retrospectively. While I understand his financial hardship, I must follow the rules as they are written. Because his income exceeds the BadgerCare Plus program's limit, I must uphold agency's decision.

CONCLUSIONS OF LAW

The petitioner is ineligible for BadgerCare Plus because his income exceeds the federal poverty level.

THEREFORE, it is

ORDERED

The petitioner's appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

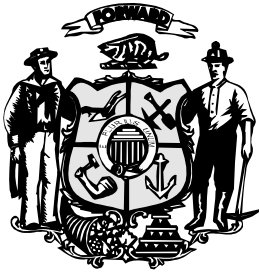
APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,
Wisconsin, this 13th day of October, 2015

\sPeter McCombs
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on October 13, 2015.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability